

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035270

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3001

Registrar's No. 1292

FILED OCT 7 1963

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Poplar Bluff, Mo.

Length of stay in 1b
3 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Doctors Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Butler

c. CITY
OR
TOWN Broseley, Mo.

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS 2mi. S E Broseley, Mo.

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First
Marion

Middle
Y.

Last
Vineyard

4. DATE OF DEATH
Month Sept. 26, 1963
Day
Year

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4/5/1889

9. AGE (last birthday)
74

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Stonefort, Ill.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Stephen Vineyard

13b. MOTHER'S MAIDEN NAME

Bardie Ray

14. NAME OF HUSBAND OR WIFE

Elsie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Carl Vineyard Fisk, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL Vascular Accident.

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerosis -

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-26-63 to 9-26-63 and last saw him alive on
Death occurred at 8:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Paul Caldwell M.D.

22b. ADDRESS

Doctors Hospital Poplar Bluff

22c. DATE SIGNED

27 Sept 63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Sept. 28, 63

23c. NAME OF CEMETERY OR CREMATORY

Brown Chapel Cemetery

23d. LOCATION (City, town, or county)

Butler Co.

Mo.

24. FUNERAL DIRECTOR

J.C. White

ADDRESS

Fisk, Mo.

25. DATE RECD. BY LOCAL REG.

10-1-1963

26. REGISTRAR'S SIGNATURE

Shelma Seaton

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer.

Signed Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Berme, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.